

DEPARTMENT OF SOCIAL SERVICES



744 P Street, Sacramento, CA 95814
(916) 322-2486

April 14, 1986

ALL-COUNTY LETTER NO. 86-30

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: HOMELESS SURVEY

As you know, the State Health and Welfare Agency is involved in a comprehensive interagency effort to identify the causes and extent of homelessness in California and to develop effective solutions to the problem. In April 1985, a preliminary report entitled "A Study of the Issues and Characteristics of the Homeless Population in California" was completed by the Departments of Social Services, Mental Health and Housing and Community Development. This report (which was distributed to CWDA at the January 9, 1986 meeting) attempted to identify societal conditions that contribute to the problem, estimate the number of homeless, describe and evaluate existing public and private assistance programs available to the homeless, and recommend actions for short- and long-term solutions. While the report did produce a better understanding of the issue and suggested a variety of preliminary problem-solving actions, it also revealed the need for more and better data.

Consequently, the next step in this ongoing effort is to collect data on the relationship of local government entities, such as county welfare departments, to the homeless population. Specifically, we want to determine how county welfare departments serve the homeless, what outreach is provided, what service delivery barriers exist, etc. Toward this end, we have compiled the attached questionnaire. Please feel free to attach additional sheets for your answers, where necessary. The deadline for completing and returning the questionnaire to this department is May 15, 1986.

The data collected will be coordinated with the findings of other participating departments. Ultimately, the information will be disseminated to local entities and service providers to assist in developing and implementing programs to alleviate emergency and long-term homeless situations.

If you have any questions or concerns about this questionnaire, please feel free to contact Cindy Wong Lan at (916) 324-2158 (ATSS 454-2158). Completed questionnaires should be returned to Ms. Lan at the Department of Social Services, AFDC Bureau, 744 P Street, Mail Station 15-54, Sacramento, CA 95814.

Thank you very much for your effort and attention to this important matter.

Sincerely,

A handwritten signature in dark ink, appearing to read 'Robert A. Horel', written in a cursive style.

ROBERT A. HOREL
Deputy Director
Welfare Program Operations

Attachment

cc: CWDA

QUESTIONNAIRE: SERVICES TO HOMELESS PERSONS

County: _____

Person Completing Questionnaire: _____
(Print Name)

(Print Title)

(Mailing Address)

() _____
(Phone)

Date: _____

DEFINITION OF "HOMELESS PERSON":

A homeless person is someone who lacks the financial resources or community ties needed to provide for his or her own adequate shelter. Homeless persons live in public and private emergency shelters, in the streets, under bridges, in subways, bus terminals, airports, railroad stations, parks and abandoned buildings or in temporary voucher hotels, motels or apartments, or in jails or hospitals which they enter with the underlying purpose of seeking shelter.

PLEASE RETURN COMPLETED QUESTIONNAIRE TO:

Department of Social Services
AFDC Bureau
ATTN: Cindy Wong Lan
744 P Street, Mail Station 15-54
Sacramento, CA 95814

1. Have you collected any data or conducted any studies on the homeless in your county? Yes No

Has any other organization collected any data or conducted any studies on the homeless in your county or areas within your county? Yes No

If yes to either question, what kind of information on the homeless is available?

- A. ☐ Characteristics
B. ☐ Resources/services for the homeless
C. ☐ Costs of providing shelter in your county or areas within your county
D. ☐ Number of homeless
E. ☐ Other (please specify)

PLEASE ATTACH COPIES OR SUMMARIES OF ANY DATA OR STUDIES YOU MAY HAVE.

2. Based on your estimate for FY 1985/86, what is the total number of homeless persons in your county (average month)?

- A. Individuals _____
B. Families _____
C. Total Persons _____

3. Based on your estimate for FY 1985/86, what is the total number of homeless persons in your county (average month) who are undocumented aliens?

- A. Individuals _____
B. Families _____
C. Total Persons _____

4. Based on your estimate for FY 1985/86, what is the number of homeless who come to you for assistance in a month?

- A. Individuals _____
B. Families _____
C. Total Persons _____

5. Do you have any practices for seeking out the homeless to provide assistance? Yes No

If yes, please describe:

6. Do you have either a formal or informal system and procedures for helping someone who comes in to apply for aid and does not have a place to stay? Yes No

If yes, please answer the following questions (and attach a copy of your written procedures, if available):

- A. What assistance and services are provided, and what is the county's procedure, when a homeless individual does not have a place to stay?
- B. What assistance and services are provided, and what is the county's procedure, when a homeless family does not have a place to stay?
- C. When a homeless individual is eligible for cash aid, what short-term assistance is provided until the cash aid is received?

- D. When a homeless family is eligible for cash aid, what short-term assistance is provided until the cash aid is received?
- E. What do you do when an individual remains homeless after cash aid is received?
- F. What do you do when a family remains homeless after cash aid is received?
- G. What is your estimate for FY 1985/86 (number and percentage) of individuals, families, and total persons who remain homeless after cash aid is received? How did you arrive at this estimate?

7. Based on your estimate for FY 1985/86, what is the percentage of homeless who come to your office in a month whom you cannot help?

A. Individuals _____
 B. Families _____
 C. Total Persons _____

8. How many homeless persons are served by your GR Program? Please complete the following based on your estimate of an average month in FY 1985/86.

General Relief Recipients and Expenditures by
Homeless Status

	PERSONS	Total	EXPENDITURES Cash	In-Kind
Total GR Recipients:				
Homeless	_____	_____	_____	_____
Not Homeless	_____	_____	_____	_____

9. Do you have either a formal or informal procedure for assessing a homeless individual's or family's needs for other services besides shelter? Yes No

If yes, please describe your assessment procedure (and attach a copy of your written procedures, if available).

10. List those emergency shelter providers to whom you most often refer homeless persons for shelter assistance. Enter an "X" in the box beside each shelter provider who refers homeless persons to your office. If known, also indicate the number of beds available and any length-of-stay-limit.

<u>Refers</u>	<u>Name of Emergency Shelter</u>	<u>Total Beds/Limit on Stay</u>
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11. Are the shelter facilities in your county adequate in number to accommodate the homeless in your county? Yes No
12. Do the shelter facilities in your county have problems such as insufficient funding or space, problems with location, health conditions, staffing, etc? If so, please list and explain.
13. Is adequate low cost long-term housing available in your county?
- A. For families? Yes No
- B. For individuals? Yes No
- C. If no, why not?

Money	Landlord Practices
Space	Move-in Costs
Zoning	Other (please specify):
Urban Renewal	

14. List those public or private organizations and agencies to whom you most often refer homeless persons for other than shelter assistance.

Enter an "X" in the box beside each agency/organization who refers homeless persons to your office. Also indicate the type of assistance provided.

<u>Refers</u>	<u>Name of Agency/Organization</u>	<u>Type of Assistance</u>
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<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
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15. Is there a coalition or other "umbrella" organization of agencies which cooperatively seek to address the needs of homeless persons in your area?

If yes, please provide the name(s) of the organization(s).

Name of Organization(s)

16. Does a county welfare department representative participate in the activities of the above organization(s)? Yes No

17. List any agencies/organizations you believe the county should work with in order to improve the provision of services to homeless persons.

18. Do you have any follow-up procedures when an individual or family is referred to another program/organization? Yes No

If yes, please describe your follow-up procedures (and attach a copy of written procedures, if available).

19. Are there specific "skid row" or other areas in your county where the homeless mostly congregate? Yes No Don't know

If yes, where are those areas?

20. Please provide any suggestions as to how the county could more effectively serve the homeless. (Indicate any state level statutes, regulations, or policies which you believe present barriers to serving the homeless.)

21. Please provide a brief description of any public or private sector initiatives which in the future will be addressing the needs of the homeless in your county.